

Bedford Citizens Corps (BCC) – Volunteer Information Sheet
2012

Name: _____

Street Address: _____

Email Address: _____

Cell Phone: _____ ☐ Primary phone

Cell Phone Carrier (to receive emergency text messages): _____

Home Phone: _____ ☐ Primary phone

Work Phone: _____ ☐ Primary phone

PLEASE NOTE: All routine communication will be via email. Emergency notification may be sent via email, Code Red emergency notification system (including text messages) or, in certain cases, a phone call directly from the specific requesting municipal employee.

Emergency Contact Name: _____

Emergency Contact Phone: _____

Medical License/Credential Type and Number, if applicable: _____

Area of Volunteer Interest (i.e. flu clinics, community events, regional events): _____

Languages spoken besides English: _____

Please return 1) this form and 2) CORI request form (for continuing or new volunteers) to:

Bedford Board of Health, 12 Mudge Way, Bedford, MA 01730, attn.: Heidi Porter